

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	91		10-10-01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW	BZ	IC3-889	<i>[Signature]</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted

N ..... Not-classified  
 I ..... Information  
 A ..... Appeal  
 O ..... Objection

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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